

Dialysis Event Surveillance Form

*required for saving

Facility ID: *Patient ID: Secondary ID #: Patient Name, Last: *Gender: F M Other Ethnicity (Specify):	Event ID #: Social Security #: Medicare #: First: _____ Middle: _____ *Date of Birth: _____ Race (Specify): _____
Event Information	
*Event Type: DE – Dialysis Event *Date of Event: _____ *Location: _____ *Was the patient admitted/readmitted to the dialysis facility on this dialysis event date? <input type="checkbox"/> Yes <input type="checkbox"/> No *Transient Patient <input type="checkbox"/> Yes <input type="checkbox"/> No	
Risk Factors	
*Vascular accesses: (check all that apply) *Access placement date (mm/yyyy): <input type="checkbox"/> Fistula _____ / _____ <input type="checkbox"/> Unknown Buttonhole? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Graft _____ / _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Tunneled central line _____ / _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Non-tunneled central line _____ / _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other vascular access device _____ / _____ <input type="checkbox"/> Unknown Is this a catheter-graft hybrid? <input type="checkbox"/> Yes <input type="checkbox"/> No Vascular access comment: _____	
Access used on the day of the event: <input type="checkbox"/> Fistula <input type="checkbox"/> Non-tunneled central line <input type="checkbox"/> Graft <input type="checkbox"/> Other vascular access device <input type="checkbox"/> Tunneled central line	
*Patient's dialyzer is reused? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Event Details	
*Specify Dialysis Event: (check at least one) <input type="checkbox"/> IV antimicrobial start *Date of IV antimicrobial start: _____ *Was vancomycin the antimicrobial used for this start? <input type="checkbox"/> Yes <input type="checkbox"/> No *Was this a new outpatient start or a continuation of an inpatient course? <input type="checkbox"/> New antimicrobial start <input type="checkbox"/> Continuation of antimicrobial *If new antimicrobial start, was a blood sample collected for culture? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Positive blood culture *Date of Positive blood culture: _____ (*specify organism and antimicrobial susceptibilities on pages 2-3) *Suspected source of positive blood culture (check one): <input type="checkbox"/> Vascular access <input type="checkbox"/> A source other than the vascular access <input type="checkbox"/> Contamination <input type="checkbox"/> Uncertain *Where was this positive blood culture collected? <input type="checkbox"/> Dialysis clinic <input type="checkbox"/> Hospital (on the day of or the day following admission) or E.D. <input type="checkbox"/> Other location <input type="checkbox"/> Pus, redness, or increased swelling at vascular access site *Date of pus, redness, and increased swelling: _____ *Check the access site(s) with pus, redness, or increased swelling: <input type="checkbox"/> Fistula <input type="checkbox"/> Graft <input type="checkbox"/> Tunneled central line <input type="checkbox"/> Non-tunneled central line <input type="checkbox"/> Other vascular access device *Specify Problem(s): (check one or more) <input type="checkbox"/> Fever ≥37.8°C (100°F) oral <input type="checkbox"/> Chills or rigors <input type="checkbox"/> Drop in blood pressure	

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- | | |
|---|---|
| <input type="checkbox"/> Wound (NOT related to vascular access) with pus or increased redness | <input type="checkbox"/> Urinary tract infection |
| <input type="checkbox"/> Cellulitis (skin redness, heat, or pain without open wound) | <input type="checkbox"/> Pneumonia or respiratory infection |
| <input type="checkbox"/> Other problem (specify): _____ | <input type="checkbox"/> None |

- | | | | | |
|--------------------|-------------------------|------------------------------|-----------------------------|----------------------------------|
| *Specify Outcomes: | Loss of vascular access | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| | Hospitalization | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| | Death | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.502 (Front) Rev 10, v8.6

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Pathogen #	Gram-positive Organisms									
_____	<i>Staphylococcus coagulase-negative</i> (specify species if available): _____		VANC S I R N	CEFOX/OX S R N						
_____	_____ <i>Enterococcus faecium</i> _____ <i>Enterococcus faecalis</i> _____ <i>Enterococcus</i> spp. (Only those not identified to the species level)		DAPTO S S-DD N S N	GENTHL⁵ S R N	LNZ S I R N	VANC S I R N				
_____	<i>Staphylococcus aureus</i>		CIPRO/LEVO/MOXI S I R N	CLIND S I R N	DAPTO S N S N	DOXY/MINO S I R N	ERYTH S I R N	GENT S I R N	LNZ S R N	
			OX/CEFOX/METH S I R N	RIF S I R N	TETRA S I R N	TIG S N S N	TMZ S I R N	VANC S I R N	CEFTAR S S-DD I R	
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> (specify species) _____		AMK S I R N	AMPSUL S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ/CEFOT/CEFTRX S I R N		CIPRO/LEVO S I R N	COL/PB S I R N
			GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIP/PIPTAZ S I R N	TETRA/DOXY/MINO S I R N			
			TMZ S I R N	TOBRA S I R N						
_____	<i>Escherichia coli</i>		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N	
			CEFTAZ S I R N	CEFUR S I R N	CEFOX/CTET S I R N	CEFTAVI S R N	CEFTOTAZ S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB[†] S I R N	
			ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N		
			TIG S I R N	TMZ S I R N	TOBRA S I R N	IMIREL S I R N	MERVAB S I R N			
_____	<i>Enterobacter</i> (specify species) _____		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N	
			CEFTAZ S I R N	CEFUR S I R N	CEFOX/CTET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB S I R N	CEFTAVI S R N		
			ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N		
			TIG S I R N	TMZ S I R N	TOBRA S I R N	CEFTOTAZ S I R N	IMIREL S I R N	MERVAB S I R N		
_____	<i>Klebsiella pneumoniae</i>		AMK S I R N	AMP S I R N	AMPSUL/AMXCLV S I R N	AZT S I R N	CEFAZ S I R N	CEFEP S I/S-DD R N	CEFOT/CEFTRX S I R N	

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_____	<i>Klebsiella oxytoca</i>	CEFTAZ S I R N	CEFUR S I R N	CEFOX/CTET S I R N	CIPRO/LEVO/MOXI S I R N	COL/PB* S I R N	CEFTAVI S R N
	<i>Klebsiella aerogenes</i>	ERTA S I R N	GENT S I R N	IMI S I R N	MERO/DORI S I R N	PIPTAZ S I R N	TETRA/DOXY/MINO S I R N
		TIG S I R N	TMZ S I R N	TOBRA S I R N	CEFTOTAZ S I R N	IMIREL S I R N	MERVAB S I R N

Pathogen #	Gram-negative Organisms																																																												
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Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ **GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic**

† **Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4**

Drug Codes:

AMK = amikacin	CEFTOTAZ = ceftolozane/tazobactam	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFTOX = ceftriaxone	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CEFTRX = ceftriaxone	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CEFUR = cefuroxime	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CTET = cefotetan	IMIREL = imipenem/relebactam	RIF = rifampin
AZT = aztreonam	CIPRO = ciprofloxacin	ITRA = itraconazole	TETRA = tetracycline
CASPO = caspofungin	CLIND = clindamycin	LEVO = levofloxacin	TIG = tigecycline
CEFAZ = ceftazidime	COL = colistin	LNZ = linezolid	TMZ = trimethoprim/sulfamethoxazole
CEFEPI = cefepime	DAPTO = daptomycin	MERO = meropenem	TOBRA = tobramycin
CEFOT = cefotaxime	DORI = doripenem	MERVAB = meropenem/vaborbactam	
CEFOX = ceftazidime	DOXY = doxycycline	METH = methicillin	
CEFTAR = Ceftaroline	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFTAVI = ceftazidime/avibactam	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	

Custom Fields

Label	Label
_____ / ____ / ____	_____ / ____ / ____
_____	_____
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Comments